

***Ky. Department of Alcoholic Beverage Control
1003 Twilight Trail
Frankfort, Kentucky 40601
(502) 564-4850 phone
(502) 564-1442 fax***

AFFIDAVIT OF NON-TRANSFER

I, _____, hereby state that there has been no purchase or transfer of any ownership interest in a license(s) previously issued to _____, for which an application has been filed with the Kentucky Office of Alcoholic Beverage Control.

I, further state that there has been no purchase or transfer of any part of the fixtures, materials, supplies, merchandise, or other inventory of the license(s) known as _____ (Kentucky ABC License number(s)).

X _____
Signature of Affiant

Mailing Address:

Sworn before me on this _____ day of _____, 20 _____.

X _____
Notary Public

☐ KY State at Large or ☐ County of _____.

My Commission Expires _____.